Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

rt 1: Identify Yourself			
	About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
Your full name			
Write the name that is on your government-issued	Juanita First name	_	First name
example, your driver's license or passport).	Lynn Middle name		Middle name
Bring your picture identification to your	Markham		Last name and Suffix (Sr., Jr., II, III)
meeting with the trustee.	Last harrie and Sunix (St., St., II, III)		Last Haine and Sullix (St., St., II, III)
All other names you have used in the last 8 years			
Include your married or maiden names.			
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9182		
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Bring your picture identification to your meeting with the trustee. Markham Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Markham Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Juanita First name Lynn Middle name Markham Last name and Suffix (Sr., Jr., II, III)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)
		EINs	EINs
5.	Where you live	360 Ertel Ave Lima, OH 45801	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Allen County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

Par	Tell the Court About	Your Ba	nkruptcy Ca	ise			
 The chapter of the Bankruptcy Code you are choosing to file under 					of each, see <i>Notice Required by 1</i> Doage 1 and check the appropriate	1 U.S.C. § 342(b) for Individuals Filing for B box.	ankruptcy
	choosing to file under	☐ Cha	apter 7				
		☐ Cha	apter 11				
		☐ Cha	apter 12				
		■ Cha	apter 13				
8. How you will pay the fee		a	about how yo	ou may pay. Typio attorney is subm	cally, if you are paying the fee you	with the clerk's office in your local court for urself, you may pay with cash, cashier's che lf, your attorney may pay with a credit card of	ck, or money
						n, sign and attach the Application for Individ	uals to Pay
			request that	nt my fee be waiv	our fee, and may do so only if you	only if you are filing for Chapter 7. By law, a ir income is less than 150% of the official poinstallments). If you choose this option, you	verty line that
9.	Have you filed for		he <i>Applicati</i> d	on to Have the Cf	napter 7 Filing Fee Waived (Offici	al Form 103B) and file it with your petition.	
J .	bankruptcy within the	No.					
	last 8 years?	☐ Yes					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to	ine 12.			
		☐ Yes	. Has yo	our landlord obtain	ned an eviction judgment against	you?	
				No. Go to line 12	2.		
				Yes. Fill out <i>Initi</i> this bankruptcy		udgment Against You (Form 101A) and file i	t as part of

Page 3 of 66

immediate attention? For example, do you own perishable goods, or livestock that must be fed.

> or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Official Form 101

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

are paid that funds will be available to distribute to unsecured creditors?

1,000-5,000

5001-10,000

10,001-25,000

18. How many Creditors do you estimate that you owe?

19. How much do you

20. How much do you

to be?

be worth?

estimate your assets to

estimate your liabilities

Chapter 7?

Do you estimate that

property is excluded and administrative expenses

are paid that funds will

distribution to unsecured

after any exempt

be available for

creditors?

_	1 73
	50-99
	100-199

☐ Yes.

200-999

□ No

☐ Yes

- **\$0 \$50,000**
- □ \$50,001 \$100,000 **\$100,001 - \$500,000**
- □ \$500.001 \$1 million
- □ \$0 \$50,000
- \$50,001 \$100,000
- □ \$100,001 \$500,000 □ \$500,001 - \$1 million
- □ \$1,000,001 \$10 million □ \$10,000,001 - \$50 million

□ \$1,000,001 - \$10 million

□ \$10,000,001 - \$50 million

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses

- □ \$50,000,001 \$100 million □ \$100,000,001 - \$500 million
- □ \$500,000,001 \$1 billion

□ \$500,000,001 - \$1 billion

☐ More than \$50 billion

□ \$1,000,000,001 - \$10 billion

□ \$10,000,000,001 - \$50 billion

1 25,001-50,000

50,001-100,000

☐ More than 100,000

- □ \$1,000,000,001 \$10 billion □ \$10,000,000,001 - \$50 billion
- More than \$50 billion

Sign Below Part 7:

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Juanita Lynn Markham

Juanita Lynn Markham Signature of Debtor 1

Signature of Debtor 2

Executed on February 26, 2018

MM / DD / YYYY

Executed on

MM / DD / YYYY

Official Form 101

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Farley Banks	Date	February 26, 2018	
Signature of Attorney for Debtor		MM / DD / YYYY	
Farley Banks 0065011			
Printed name			
Allen Chern Law LLC			
Firm name			
311 E Market St			
Suite 201			
Lima, OH 45806			
Number, Street, City, State & ZIP Code			
Contact phone 419-222-9933	Email address	fkbanks@surge.net	
0065011 OH			
Bar number & State			

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				2/26/18 5:59AM
	in this information to identify your case:			
Deb	tor 1 Juanita Lynn Markham First Name Middle Name Last Name			
	tor 2 use if, filing) First Name Middle Name Last Name			
	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO			
(if kno	e number	_	Check if amende	f this is an ed filing
Off	icial Form 106Sum			
	mmary of Your Assets and Liabilities and Certain Statistical Information			2/15
infor	s complete and accurate as possible. If two married people are filing together, both are equally responsible f mation. Fill out all of your schedules first; then complete the information on this form. If you are filing ameno original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.			
Part	1: Summarize Your Assets			
			our ass alue of v	sets what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$.	34,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$;	106,022.69
	1c. Copy line 63, Total of all property on Schedule A/B	\$;	140,022.69
Part	2: Summarize Your Liabilities			
			our liab mount y	pilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$;	49,301.21
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$;	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$;	27,066.28
	Your total liabilities	\$		76,367.49
Part	3: Summarize Your Income and Expenses			
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	}	4,337.78
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$;	3,080.00
Part	4: Answer These Questions for Administrative and Statistical Records			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our oth	er sche	dules.
	■ Yes			
7.	What kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a pers	sonal, fa	amily, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

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Best Case Bankruptcy

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$_____6,008.88

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 2 of 2

ill in this infor	mation to identify yoບ	ır case and this fil	ing:		
Debtor 1	Juanita Lynn M	arkham			
) - h + 0	First Name	Middle Name	e Last Name		
Debtor 2 Spouse, if filing)	First Name	Middle Name	e Last Name		
Jnited States Ba	ankruptcy Court for the:	: NORTHERN DI	STRICT OF OHIO		
Case number					☐ Check if this is an amended filing
Schedul each category,		ibe items. List an as	set only once. If an asset fits in more than o wo married people are filing together, both a		
		ng, Land, or Other R			
No. Go to Pa	, .	<u> </u>	sidence, building, land, or similar property?		
□ No. Go to Pa ■ Yes. Where	rt 2.	ble interest in any re			
No. Go to Pa ■ Yes. Where .1 360 Ertel	rt 2.	ble interest in any re	sidence, building, land, or similar property?	the amount of any	ured claims or exemptions. Put secured claims on Schedule D: re Claims Secured by Property.
□ No. Go to Pa ■ Yes. Where .1 360 Ertel	rt 2. is the property? Avenue , if available, or other description	ble interest in any re	hat is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or connective	the amount of any	secured claims on Schedule D: e Claims Secured by Property. Current value of the portion you own?
No. Go to Pa Yes. Where 1 360 Ertel Street address	rt 2. is the property? Avenue , if available, or other description	woon ZIP Code	hat is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other ho has an interest in the property? Check one	Current value of the entire property? \$34,000 Describe the nature (such as fee simple a life estate), if known as the such as fee simple a life estate), if known as the such as fee simple a life estate), if known as fee simple a life estate), if known as fee simple a life estate), if known as fee simple a life estate).	the Current value of the portion you own? 1.00 \$34,000.00 The of your ownership interest le, tenancy by the entireties, o
No. Go to Pa Yes. Where 360 Ertel Street address	rt 2. is the property? Avenue , if available, or other description	w San	hat is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current value of the entire property? \$34,000 Describe the nature (such as fee simple)	the Current value of the portion you own? 1.00 \$34,000.00 The of your ownership interest le, tenancy by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debt	or 1 Juanita Lynn Markham	c	Case number (if known)	
3. C a	ars, vans, trucks, tractors, sport utility ve	hicles, motorcycles		
	No			
	Yes			
3.1	Make: Chevy	Who has an interest in the property? Check one		d claims or exemptions. Put cured claims on Schedule D:
	Model: Trail Blazer	Debtor 1 only		Claims Secured by Property.
	Year: 2003	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 130000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information: Vehicle to be surrendered.	At least one of the debtors and another		
	venicie to be surrendered.	☐ Check if this is community property (see instructions)	Unknowr	Unknown
3.2	Make: Ford	Who has an interest in the property? Check one		d claims or exemptions. Put cured claims on Schedule D:
	Model: Focus	■ Debtor 1 only		Claims Secured by Property.
	Year: 2017	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	Location: 360 Ertel Ave, Lima OH 45801	Check if this is community property (see instructions)	\$16,000.00	\$16,000.00
		n for all of your entries from Part 2, including a that number here		\$16,000.00
Part :	3: Describe Your Personal and Household Ite	ems		
	ou own or have any legal or equitable in			Current value of the
				portion you own? Do not deduct secured claims or exemptions.
E.	busehold goods and furnishings xamples: Major appliances, furniture, linens No Yes. Describe	, china, kitchenware		
	- 100. Dodding			
	utencils, kitcher	rator, Table and chairs, Mixer, Blender, Di nware, dishwasher, bed/dresser rtel Ave, Lima OH 45801	shes and	\$1,100.00
E.	ectronics ixamples: Televisions and radios; audio, vide including cell phones, cameras, m No Yes. Describe	eo, stereo, and digital equipment; computers, print nedia players, games	ers, scanners; music colle	ections; electronic devices
	Γ			
		s, Stereo, Computer, Wii, tablet, mobile ph rtel Ave, Lima OH 45801	one	\$500.00

Official Form 106A/B Schedule A/B: Property page 2

			2/26/18 5:59AN
Debtor 1	Juanita Lynn Markham	Case number (if known)	
-	ctibles of value ples: Antiques and figurines; paintings, prints, or other artwork; books, pict other collections, memorabilia, collectibles	tures, or other art objects; stamp, coin,	or baseball card collections;
	s. Describe		
	Willow tree angels		
	Location: 360 Ertel Ave, Lima OH 45801		\$100.00
Exam	ment for sports and hobbies ples: Sports, photographic, exercise, and other hobby equipment; bicycles musical instruments	s, pool tables, golf clubs, skis; canoes a	nd kayaks; carpentry tools;
□ No ■ Yes	s. Describe		
	Tread climber, keyboard, various small exex Location: 360 Ertel Ave, Lima OH 45801	ercise equipment	\$600.00
□ No	mples: Pistols, rifles, shotguns, ammunition, and related equipment		
■ Yes	· · · · · · · · · · · · · · · · · · ·		
	Thirty-eight special judge ammo for each Location: 360 Ertel Ave, Lima OH 45801		\$500.00
□ No	mples: Everyday clothes, furs, leather coats, designer wear, shoes, access	sories	\$300.00
□ No	mples: Everyday jewelry, costume jewelry, engagement rings, wedding ring	gs, heirloom jewelry, watches, gems, go	old, silver
	Costume jewelry (fake) Location: 360 Ertel Ave, Lima OH 45801		\$50.00
<i>Exar</i> □ No	farm animals mples: Dogs, cats, birds, horses s. Describe		
	Mix breed Location: 360 Ertel Ave, Lima OH 45801		Unknown
14. Any (other personal and household items you did not already list, includin	g any health aids you did not list	
☐ Yes	s. Give specific information		
	d the dollar value of all of your entries from Part 3, including any entri Part 3. Write that number here		\$3,150.00

page 3

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Official Form 106A/B

Best Case Bankruptcy

Schedule A/B: Property

D	ebtor 1	Juanita Lynn Markham	Case number (if known)	
25		, equitable or future interests in property (other than anythi	ng listed in line 1), and rights or powers exer	cisable for your benefit
	■ No			
	☐ Yes.	Give specific information about them		
26	Examp	s, copyrights, trademarks, trade secrets, and other intellect ples: Internet domain names, websites, proceeds from royalties		
	■ No			
	☐ Yes.	Give specific information about them		
27	Examp	es, franchises, and other general intangibles ples: Building permits, exclusive licenses, cooperative association	n holdings, liquor licenses, professional license	5
	■ No □ Yes.	Give specific information about them		
M	oney or _l	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28	. Tax ref	runds owed to you		
	■ No			
		Give specific information about them, including whether you alre	eady filed the returns and the tax years	
			,	
29	. Family Examp	support bles: Past due or lump sum alimony, spousal support, child supp	ort maintenance divorce settlement property s	ettlement
	■ No	order i dot date et tamp eam aminery, epedeal cappett, et ma capp	ori, mamienamos, arronos como moris, proporty c	
		Give specific information		
	— 103.	Oive specific information		
30		amounts someone owes you oles: Unpaid wages, disability insurance payments, disability ber benefits; unpaid loans you made to someone else	nefits, sick pay, vacation pay, workers' compens	sation, Social Security
	■ No			
	☐ Yes.	Give specific information		
31		ets in insurance policies bles: Health, disability, or life insurance; health savings account	(HSA); credit, homeowner's, or renter's insuranc	ee
		Name the incurence company of each policy and list its value		
	■ res.	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund
			·	value:
		Two Hundred Thousand Dollars Li	fe	
		Insurance policy through Sunlife	no	
		cash value.	Arthur Wagner (Uncle)	\$0.00
32	If you a someo	terest in property that is due you from someone who has dienter the beneficiary of a living trust, expect proceeds from a life in one has died. Give specific information		ve property because
33		against third parties, whether or not you have filed a lawsuples: Accidents, employment disputes, insurance claims, or right		
	_	Describe each claim		
34	_	contingent and unliquidated claims of every nature, includir	ng counterclaims of the debtor and rights to	set off claims
	■ No	Describe each claim		
	பாes.	Describe Each Claim		

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1	Juanita Lynn Markham	Case number	(if known)
35. Any 1	financial assets you did not already list		
■ No	,		
☐ Yes	s. Give specific information		
		m Part 4, including any entries for pages you have atta	ched \$86,122.69
Part 5:	Describe Any Business-Related Property You O	wn or Have an Interest In. List any real estate in Part 1.	
37. Do yo i	u own or have any legal or equitable interest in	any business-related property?	
□ No. 0	Go to Part 6.		
Yes.	Go to line 38.		
			Current value of the portion you own? Do not deduct secured claims or exemptions.
	unts receivable or commissions you alrea	ady earned	
■ No			
⊔ Yes	s. Describe		
Exar		, modems, printers, copiers, fax machines, rugs, telephone	es, desks, chairs, electronic devices
	Laptop, printet, des Location: 360 Ertel		\$300.00
☐ No	ninery, fixtures, equipment, supplies you us. Bescribe Essential Oil Booths	· •	1
	Location: 360 Ertel		\$200.00
41. Inver □ No ■ Yes			\$250.00
■ No	ests in partnerships or joint ventures s. Give specific information about them		
ப 16:	Name of entity:	% of owners	nip:
No.	omer lists, mailing lists, or other compilat		
	■ No		
	Yes. Describe		
Official Fo	orm 106A/B	Schedule A/B: Property	page 6

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Best Case Bankruptcy

Official Form 106A/B Schedule A/B: Property page 7

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$140,022.69

Debtor 1	Juanita Lynn Mai	kham		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Jnited States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number				
if known)				☐ Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	Identify the Property You Claim as E	Exempt			
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	■ You are claiming state and federal nonbar	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	360 Ertel Avenue Lima, OH 45801 Allen County	\$34,000.00		\$5,000.00	Ohio Rev. Code Ann. § 2329.66(A)(1)
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	, , , , , , , , , , , , , , , , , , ,
	Stove, Refridgerator, Table and chairs, Mixer, Blender, Dishes and	\$1,100.00		\$1,100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	utencils, kitchenware, dishwasher, bed/dresser			100% of fair market value, up to any applicable statutory limit	2020.00(A)(4)(a)
	Location: 360 Ertel Ave, Lima OH 45801				
	Line from Schedule A/B: 6.1				
	Two televisions, Stereo, Computer, Wii, tablet, mobile phone	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	Location: 360 Ertel Ave, Lima OH 45801 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	Willow tree angels	\$100.00		\$100.00	Ohio Rev. Code Ann. §
	Location: 360 Ertel Ave, Lima OH 45801 Line from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit	2329.66(A)(18)

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

btor 1 Juanita Lynn Warknam			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Tread climber, keyboard, various small exexercise equipment	\$600.00	•	\$600.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Location: 360 Ertel Ave, Lima OH 45801 Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
Thirty-eight special judge ammo for each	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
Location: 360 Ertel Ave, Lima OH 45801 Line from Schedule A/B: 10.1			100% of fair market value, up to any applicable statutory limit	
Women's clothing and shoes Location: 360 Ertel Ave, Lima OH	\$300.00		\$300.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
45801 Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	2020.00(\(\)(\(\)(\(\))
Costume jewelry (fake) Location: 360 Ertel Ave, Lima OH	\$50.00		\$50.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
45801 Line from <i>Schedule A/B</i> : 12.1			100% of fair market value, up to any applicable statutory limit	
Cash Location: 360 Ertel Ave, Lima OH	\$4.00		\$4.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
45801 Line from <i>Schedule A/B</i> : 16.1			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(0)
Pension: SERS as of June 30, 2017 Line from Schedule A/B: 21.1	\$86,118.69		\$86,118.69	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)
Ente from Concade 7VD.			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(: 0)(2)
Laptop, printet, desk, and paper Location: 360 Ertel Ave, Lima OH	\$300.00		\$300.00	Ohio Rev. Code Ann. § 2329.66(A)(5)
45801 Line from <i>Schedule A/B</i> : 39.1			100% of fair market value, up to any applicable statutory limit	(// /
Essential Oil Booths and accessories Location: 360 Ertel Ave, Lima OH	\$200.00		\$200.00	Ohio Rev. Code Ann. § 2329.66(A)(5)
45801 Line from <i>Schedule A/B</i> : 40.1			100% of fair market value, up to any applicable statutory limit	(// /
Essential Oils and Products Location: 360 Ertel Ave, Lima OH	\$250.00		\$250.00	Ohio Rev. Code Ann. § 2329.66(A)(5)
45801 Line from <i>Schedule A/B</i> : 41.1			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustmen	nt.)
Yes. Did you acquire the property covered No	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
☐ Yes				

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 2

				2/26/18 5:59AN
Fill in this information to identify yo	our case:			
Debtor 1 Juanita Lynn I	Markham Middle Name Last Name		_	
Debtor 2	Wildle Walle			
(Spouse if, filing) First Name	Middle Name Last Name		-	
United States Bankruptcy Court for th	e: NORTHERN DISTRICT OF OHIO		_	
Case number				
(if known)			☐ Check	if this is an
			_	ded filing
				3
Official Form 106D				
	s Who Have Claims Secure	d by Droport	->./	40/45
Scriedule D. Creditor	5 WIIO Have Claims Secured	d by Propert	. <u>y</u>	12/15
	e. If two married people are filing together, both are ed			
is needed, copy the Additional Page, fill i number (if known).	t out, number the entries, and attach it to this form. O	n the top of any addition	onal pages, write your na	me and case
, ,	hur varia mananti 2			
1. Do any creditors have claims secured				
☐ No. Check this box and submit	this form to the court with your other schedules. Y	ou have nothing else	to report on this form.	
Yes. Fill in all of the information	n below.			
Part 1: List All Secured Claims				
	a mare then one equivad claim list the evaditor concretely	. Column A	Column B	Column C
	s more than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
	etical order according to the creditor's name.	Do not deduct the	that supports this	portion
2.4 Conital One	Describe the property that secures the claim:	value of collateral.	claim	If any
2.1 Capital One Creditor's Name	· · · · · · · · · · · · · · · · · · ·	\$2,650.21	\$0.00	\$2,650.21
C.Gailler & Maille	Revolving charge			
Post Office Box 30281	As of the date you file, the claim is: Check all that			
Salt Lake City, UT 84130	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Number, direct, dity, diate & Zip code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
_	☐ An agreement you made (such as mortgage or see	cured		
Debtor 1 only	car loan)	cureu		
Debtor 2 only	Chattatan Ban (anala an han Ban manala miala Ban)			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)			
community debt				
September				
Date debt was incurred 12, 2016	Last 4 digits of account number 1695			
2.2 Mariner Finance	Describe the property that secures the claim:	\$4,651.00	Unknown	Unknown
Creditor's Name	2003 Chevy Trail Blazer 130000			
	miles			
	Vehicle to be surrendered.			
8211 Town Center Drive	As of the date you file, the claim is: Check all that			
Baltimore, MD 21236	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
, , , , , , , , , , , , , , , , , , , ,	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or see	cured		
Debtor 2 only	car loan)	culeu		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	— Other (meading a right to onset)			
·				
Date debt was incurred	Last 4 digits of account number			
Official Form 106D	Schedule D: Creditors Who Have Claims Sec	ured by Property		nage 1 of

page 1 of 3

Deb	otor 1 Juanita Lynn Markham	1		Case numbe	er (if know)		
	First Name Middle I				`		
	Denimal Assessan						
2.3	Regional Acceptance Corporation	Describe the property that secures the cla	aim:	\$13,0	00.00	\$16,000.00	\$0.00
	Creditor's Name	2017 Ford Focus					
		Location: 360 Ertel Ave, Lima Ol	Н				
	1424 East Firetower	45801					
	Road	As of the date you file, the claim is: Check apply.	all that				
	Greenville, NC 27858	Contingent					
	Number, Street, City, State & Zip Code	☐ Unliquidated					
\A/I	a server that dalate of	Disputed					
_	o owes the debt? Check one.	Nature of lien. Check all that apply.					
_	Debtor 1 only	An agreement you made (such as mortga	age or s	secured			
	Debtor 2 only	car loan)					
	Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic	's lien)				
	At least one of the debtors and another Check if this claim relates to a	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)					
	community debt	Other (including a right to offset)					
Date	e debt was incurred	Last 4 digits of account number			-		
	Superior Endoral Credit						
2.4	Superior Federal Credit Union	Describe the property that secures the cla	aim:	\$29,0	00.00	\$34,000.00	\$0.00
	Creditor's Name	360 Ertel Avenue Lima, OH 4580					
		Allen County					
		As of the date you file, the claim is: Check	all that				
	Post Office Box 1110	apply.					
	Lima, OH 45802	☐ Contingent					
	Number, Street, City, State & Zip Code	☐ Unliquidated					
Who	o owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
_	Debtor 1 only	■ An agreement you made (such as mortga	ana or s	secured			
_	Debtor 2 only	car loan)	age or a	secured			
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	's lien)				
	At least one of the debtors and another	☐ Judgment lien from a lawsuit	,				
	Check if this claim relates to a	☐ Other (including a right to offset)					
•	community debt						_
	November						
Date	e debt was incurred 2001	Last 4 digits of account number	4202	2			
		_					
						1	
	-	Column A on this page. Write that number he	ere:		\$49,301.21		
	this is the last page of your form, add rite that number here:	d the dollar value totals from all pages.			\$49,301.21		
_						•	
		or a Debt That You Already Listed					
		be notified about your bankruptcy for a debt owe to someone else, list the creditor in Par					
than	one creditor for any of the debts that	at you listed in Part 1, list the additional cred					
debt	ts in Part 1, do not fill out or submit t	this page.					
	Name, Number, Street, City, State &	Zin Code	0	hiah lina i- D- '	4 alial va.v. = = += = +!	araditara 2.1	
	Andrew Schreiber		On w	riich line in Part	1 did you enter the	e creditor?	
	471 East Broad Street		Last 4	4 digits of accou	nt number		
	12th Floor						
	Columbus, OH 43215						

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 3

Debtor 1	Juanita Lynn	Markham		Case number (if know)
	First Name	Middle Name	Last Name	
Ly 47	ons, Doughty	Street, 12th Floor		On which line in Part 1 did you enter the creditor? Last 4 digits of account number

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 3 of 3

				2/26/18 5:59AM
Fill in this info	rmation to identify your	case:		
Debtor 1	Juanita Lynn Mar	kham		
	First Name		Last Name	
Debtor 2	F: AN			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT OF OHIO	0	
Case number				
(if known)				☐ Check if this is an
				amended filing
O#: 1 F	400E/E			
Official For				4044
Schedule I	E/F: Creditors W	ho Have Unsecured C	Zlaims	12/15
Schedule D: Cred left. Attach the Co name and case no	itors Who Have Claims Secontinuation Page to this pag	red by Property. If more space is ned e. If you have no information to repor		, number the entries in the boxes on the top of any additional pages, write your
	tors have priority unsecure			
No. Go to		Joinno agamot you .		
☐ Yes.	rait 2.			
	All of Your NONPRIORIT	Y Unsecured Claims		
	tors have nonpriority unsec			
_ `		art. Submit this form to the court with yo	our other ashedules	
_	ave nothing to report in this pa	art. Submit this form to the court with yo	di other scheddies.	
Yes.				
unsecured cla	aim, list the creditor separately	for each claim. For each claim listed, ic	creditor who holds each claim. If a cred dentify what type of claim it is. Do not list over more than three nonpriority unsecured	claims already included in Part 1. If more
				Total claim
4.1 Citi Ca	rds CBNA	Last 4 digits of accou	ınt number	\$3,790.00
	ity Creditor's Name			
	Office Box 6241 Falls, SD 57117	When was the debt in	July 2007 to Februa	iry 2015
	Street City State Zlp Code	As of the date you file	e, the claim is: Check all that apply	
Who inc	urred the debt? Check one.			
■ Debte	or 1 only	☐ Contingent		
☐ Debto	or 2 only	☐ Unliquidated		
☐ Debto	or 1 and Debtor 2 only	☐ Disputed		
☐ At lea	ast one of the debtors and and	ther Type of NONPRIORIT	Y unsecured claim:	
☐ Chec	k if this claim is for a comr	nunity		
debt	alan andria at ta 1800 to		out of a separation agreement or divorce	that you did not
	aim subject to offset?	report as priority claims		h.t.
■ No		•	r profit-sharing plans, and other similar del	DIS
☐ Yes		Other. Specify Re	evolving charge	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 9

Debto	or 1 Juanita Lynn Markham		Case number (if know)	
4.2	Citicards Nonpriority Creditor's Name	Last 4 digits of account number		\$537.00
	Post Office Box 6241 Sioux Falls, SD 57117	When was the debt incurred?	September 2007 to January 2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	■ Other. Specify Revolving	charge	
4.3	CSS Collections	Last 4 digits of account number		\$476.00
	Nonpriority Creditor's Name Post Office Box 21504 Roanoke, VA 24018	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	■ Other. Specify Collecting	on unpaid medical debt	
4.4	First Premier	Last 4 digits of account number		\$901.00
	Nonpriority Creditor's Name 3820 North Louise Avenue Sioux Falls, SD 57107	When was the debt incurred?	January 2014 to June 2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar debts	
	☐ Yes	Other. Specify Revolving	charge	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 9

\$744.4
\$35.0
\$48.0

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 9

1 Juanita Lynn Markham	Case number (if know)	
Lima Superior Federal Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	\$379.00
Post Office Box 1110 Lima, OH 45802	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Lima Superior Federal Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	\$1,512.50
Post Office Box 1110 Lima, OH 45802	When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Overdrawn checking account	
Metz Petz Vet Clinic	Last 4 digits of account number 2139	\$1,817.00
Nonpriority Creditor's Name		
3750 Shawnee Road	When was the debt incurred?	
Lima, OH 45806 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Medical services	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 9

Debto	Juanita Lynn Markham		Case number (if know)	
4.1	Mid-America Bank & Trust	Last 4 digits of account number		\$421.00
1	Nonpriority Creditor's Name			
	216 West Second Street Dixon, MO 65459-8048	When was the debt incurred?	September 2016 to August 2017	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	paration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ing plans, and other similar debts	
	☐ Yes	Other. Specify Revolving	charge	
4.1	Midland Credit Management	Last 4 digits of account number	·	\$179.00
	Nonpriority Creditor's Name 2365 Northside Drive Suite 300 San Diego, CA 92108	When was the debt incurred?	October 2015 to October 2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	paration agreement or divorce that you did not	
	■ No	Debts to pension or profit-share	ing plans, and other similar debts	
	☐ Yes	Other. Specify		
4.1	Modern Health & Wellness	Last 4 digits of account number		\$3,000.00
	Nonpriority Creditor's Name 2425 Allentown Road Lima, OH 45801	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a ser	paration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	and the second s	
	■ No	Debts to pension or profit-shari	ing plans, and other similar debts	
	☐ Yes	Other. Specify Medical se	ervices	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 9

Debtor	1 Juanita Lynn Markham	Case number (if know)	
44			
4.1	Northstar Finance, LLc	Last 4 digits of account number	\$288.60
	Nonpriority Creditor's Name Post Office Box 498	When was the debt incurred?	
	Hays, MT 59527 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Cash Advance	
4.1			
5	Ohio Acceptance Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	750 North Orleans Chicago, IL 60654	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	One Main Financial	Last 4 digits of account number 7971	\$8,711.00
6	Nonpriority Creditor's Name	Last 4 digits of account number	Ψο,σ
	Post Office Box 1010	When was the debt incurred?	
	Evansville, IN 47706 Number Street City State Zlp Code	As of the date was file the plaint in Observal all that such	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	_		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Unsecured personal loan	
		· ·	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debto	r 1 Juanita Lynn Markham		Case number (if know)	
4.1	Portfolio Recovery Associates	Last 4 digits of account number		\$726.00
1	Nonpriority Creditor's Name Riverside Commerce Center 120 Corporate Blvd. Ste. 100 Norfolk, VA 23502	When was the debt incurred?	October 2016 to October 2017	<u> </u>
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	☐ Student loans ☐ Obligations arising out of a sep report as priority claims ☐ Debts to pension or profit-shari	aration agreement or divorce that you did not	
	Yes	Other. Specify Cash adva		
4.1	Rapital Capital Nonpriority Creditor's Name	Last 4 digits of account number		\$850.00
	Post Office Box 1469 Kahnawake, Quebec Number Street City State Zlp Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Cash Adva	ance	
4.1 9	Speedy Cash Nonpriority Creditor's Name	Last 4 digits of account number		\$1,138.20
	3527 North Ridge Road Wichita, KS 67205	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-shari	ng plans, and other similar debts	
	☐ Yes	■ Other Specify Cash adva	ince	

Schedule E/F: Creditors Who Have Unsecured Claims

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claims from Part 2

Schedule E/F: Creditors Who Have Unsecured Claims

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

you did not report as priority claims

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Best Case Bankruptcy

0.00

0.00

6g.

Debtor 1 Juanita Lynn Markham

Case number (if know)

 Other. Add all other nonpriority unsecured claims. Write that amount here.

^{6i.} \$ 27,066.28

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **27,066.28**

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 9

Fill in this inform	nation to identify your	case:			
Debtor 1	Juanita Lynn Mar	kham			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name	_	
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case number					
(if known)					Check i
					amend

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the or, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	-

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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Best Case Bankruptcy

					2/26/18 5:59AN
Fill in this	information to identify your	case:			
Debtor 1	Juanita Lynn Ma	rkham			
	First Name	Middle Name	Last Name		
Debtor 2	First Name	Middle None	Lost Name		
(Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case numb	per				
(if known)				☐ Chec	ck if this is an
				amei	nded filing
Official	Form 106L				
	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
	and case number (if known)			as a codebtor.	
■ No					
☐ Yes					
2 \Mith	nin the last 8 years, have you	Llived in a community or	onarty stata ar tarritar	y? (Community property states and terri	torios includo
	a, California, Idaho, Louisiana				tories include
_					
	Go to line 3.		''I		
⊔ Yes.	. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form 1 out Co	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	if your spouse is filing with you. List sure you have listed the creditor on S (6G). Use Schedule D, Schedule E/F, o	chedule D (Official or Schedule G to fill
N	Name, Number, Street, City, State and Z	IP Code		Check all schedules that apply:	
3.1				☐ Schedule D, line	
	Name			Schedule E/F, line	
				☐ Schedule G, line	_
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			Schedule E/F, line	
				Schedule G, line	_
1	Number Street			_	
	City	State	ZIP Code		

Schedule H: Your Codebtors

Fill	in this information to identify your c	ase:								
Del	btor 1 Juanita Lyn	n Markham								
	btor 2 puse, if filing)				_					
Uni	ited States Bankruptcy Court for the	: NORTHERN DISTRI	CT OF OHIO							
	se number		-			☐ An	if this is:	d filing	postpetition cl	nanter
_									lowing date:	ιαριοι
<u>O</u>	fficial Form 106I					MM	1 / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	ır spouse is not filing w	ith you, do not includ	de inforr	natio	on about y	our spo	use. If mor	e space is ne	eded,
1.	Fill in your employment information.		Debtor 1			I	Debtor 2	or non-fili	ng spouse	
	If you have more than one job,	Employment status	■ Employed			[☐ Emplo	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed			[☐ Not er	mployed		
	employers.	Occupation	Info OH Tech. S	ot. Teaı	n Sj	olst				
	Include part-time, seasonal, or self-employed work.	Employer's name	Management Co	uncil						
	Occupation may include student or homemaker, if it applies.	Employer's address	8050 High Street Columbus, OH 4		150					
		How long employed t	here? 17 years	S			_			
Pai	rt 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any I	ine, write \$	0 in the	space. Inclu	ude your non-f	iling
•	ou or your non-filing spouse have mo e space, attach a separate sheet to	, , ,	ombine the information	n for all e	mplo	oyers for th	at perso	n on the line	es below. If yo	u need
						For Debt	or 1	For Debt non-filin	or 2 or g spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	5,5	38.48	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	

5,538.48

N/A

Calculate gross Income. Add line 2 + line 3.

4,337.78

Combined monthly income

12. \$

Debt	or 1	Juanita Lynn Markham	_	Cas	e number (if known)			
				Fo	or Debtor 1		Debtor 2 or -filing spouse	
	Copy	y line 4 here	4.	\$_	5,538.48	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	831.10	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	553.84	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.		0.00	\$	N/A	
	5e.	Insurance	5e.		88.16	\$	N/A	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	
	5g.	Union dues	5g.	\$_	0.00	\$	N/A	
	5h.	Other deductions. Specify: Flexible Spending Account	5h.		125.00	. —	N/A	
		Life & Disability Insurance		\$_	73.00	\$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,671.10	\$	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,867.38	\$	N/A	
	8a. 8b. 8c.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive	8a. 8b.	\$ \$_	0.00	\$ \$	N/A N/A	
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$_	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		\$ _	0.00	\$	N/A	
	•	Specify:	_ 8f.	\$_	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$ ₋	0.00		N/A	
	8h.	Other monthly income. Specify: Direct Sales (Commission based)	8h.	+ \$_	470.40	+ \$	N/A	1
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	470.40	\$	N/A	
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$	 S	4,337.78 + \$		N/A = \$	4,337.78
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	Inclu other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your r friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not cify:	deper		.,	•	chedule J. 11. +\$	0.00

■ No.

☐ Yes. Explain:

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it

13. Do you expect an increase or decrease within the year after you file this form?

applies

Fill	in this informa	tion to identify yo	our case:			I		
Deb		Juanita Lyni		m		Ched	ck if this is:	
Dob	tor 2			•••		_	An amended filing	
	ouse, if filing)						13 expenses as of	ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: NORTH	ERN DISTRICT OF OHIO)	-	MM / DD / YYYY	
	e number nown)							
		rm 106J						
		J: Your			<u> </u>			12/15
info	ormation. If m	and accurate as ore space is ne n). Answer eve	eded, atta	. If two married people a ch another sheet to this n.	re filing together, b form. On the top o	oth are equ f any additio	ally responsible fo onal pages, write y	or supplying correct your name and case
Par		ibe Your House	ehold					
1.	Is this a join No. Go to							
			in a separ	ate household?				
	□ No		st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	e <i>hold</i> of Deb	tor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
							_	☐ Yes
								□ No □ Yes
3.	expenses of	enses include f people other t d your depende	han $_{\square}$	No Yes				□ Yes
Davi	<u> </u>			h. F.manaa				
exp	imate your ex		our bankr	uptcy filing date unless y y is filed. If this is a sup				
Incl	lude expense	s paid for with	non-cash	government assistance	if you know			
the		n assistance an		Sluded it on Schedule I:			Your exp	enses
4.		r home owners d any rent for th		ses for your residence. or lot.	Include first mortgag	e 4. \$	·	425.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. \$.	0.00
	•	rty, homeowner's				4b. \$		0.00
				upkeep expenses		4c. \$		180.00
5.		owner's associa nortgage paym		dominium dues our residence, such as ho	ome equity loans	4d. \$ 5. \$		0.00
٥.	. wantional II	arac bayiii	J 10. ye		and equity loans	Ο. ψ		0.00

6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17dour payments of alimony, maintenance, and support that you did not report as	6a. \$66. \$66. \$7. \$8. \$9. \$10. \$11. \$12. \$13. \$14. \$15. \$16. \$16. \$16. \$16. \$16. \$16. \$16. \$16		150.00 70.00 175.00 0.00 400.00 50.00 60.00 100.00 150.00 85.00 0.00 0.00 125.00 0.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Pour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6b. \$ 66c. \$ 66c. \$ 7. \$ 66c. \$ 7. \$ 6 6c. \$		70.00 175.00 0.00 400.00 50.00 60.00 150.00 85.00 0.00 0.00 0.00 125.00 0.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6b. \$ 66c. \$ 66c. \$ 7. \$ 66c. \$ 7. \$ 6 6c. \$		70.00 175.00 0.00 400.00 50.00 60.00 150.00 85.00 0.00 0.00 0.00 125.00 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17dur payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6c. 6d. 6d. 7. 8 8 9 9 110. 8 111. 8 114. 8 114. 8 116. 8		175.00 0.00 400.00 50.00 60.00 100.00 150.00 85.00 0.00 0.00 125.00 0.00
6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other on Jumpay on line 5, Schedule I, Your Income (Official Form 106I).	6d. \$ 7. \$ 8. \$ 9. \$ 110. \$ 111. \$ 12. \$ 13. \$ 14. \$ 155a. \$ 155b. \$ 155b. \$ 16. \$ 16. \$ 175b.		0.00 400.00 0.00 50.00 60.00 100.00 150.00 85.00 0.00 0.00 125.00 0.00
Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. 15d. Other insurance. 15d. Other insurance. 15d. Other insurance specify: 15d. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17dour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	8. 9. 9. 110. 9. 111. 9. 112. 9. 113. 9. 114. 9. 115. 115. 115. 115. 115. 115. 115.		400.00 0.00 50.00 60.00 100.00 150.00 85.00 0.00 0.00 125.00 0.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	8. 9. 9. 110. 9. 111. 9. 112. 9. 113. 9. 114. 9. 115. 115. 115. 115. 115. 115. 115.		0.00 50.00 60.00 100.00 150.00 85.00 0.00 0.00 125.00 0.00
Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	9. \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		50.00 60.00 100.00 150.00 85.00 0.00 0.00 125.00 0.00
Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 14. \$ 15. \$ 15. \$ 16. \$ 16. \$ 17. \$		60.00 100.00 150.00 85.00 0.00 0.00 125.00 0.00
Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	11. \$\frac{9}{2}\$ 12. \$\frac{9}{2}\$ 13. \$\frac{9}{2}\$ 14. \$\frac{9}{2}\$ 5a. \$\frac{9}{2}\$ 5b. \$\frac{9}{2}\$ 5c. \$\frac{9}{2}\$ 5d. \$\frac{9}{2}\$ 16. \$\frac{9}{2}\$ 7a. \$\frac{9}{2}\$ 7b. \$\frac{9}{2}\$		100.00 150.00 85.00 0.00 0.00 125.00 0.00
Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other. Specify:	12. \$ 13. \$ 14. \$ 5a. \$ 5b. \$ 5c. \$ 5d. \$ 7a. \$ 7b. \$ 5		150.00 85.00 0.00 0.00 0.00 125.00 0.00
Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	13. \$14. \$5a. \$5b. \$5c. \$5d. \$5d. \$7a. \$7b. \$6		0.00 0.00 0.00 125.00 0.00
Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance of the insurance. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 of the insurance of the insuran	14. \$ 5a. \$ 5b. \$ 5c. \$ 5d. \$ 16. \$ 7a. \$ 7b. \$		0.00 0.00 0.00 125.00 0.00
Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance of the insurance of the insurance of the insurance of the insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Car payments for Vehicle 1 of the insurance of	5a. \$5b. \$5c. \$5d. \$5d. \$7a. \$7	66 6	0.00 0.00 0.00 125.00 0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Car payments for Vehicle 1	5b. \$5c. \$5d. \$16. \$7a. \$7b. \$3	5	0.00 0.00 125.00 0.00
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify	5b. \$5c. \$5d. \$16. \$7a. \$7b. \$3	5	0.00 125.00 0.00
15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	5b. \$5c. \$5d. \$16. \$7a. \$7b. \$3	5	0.00 125.00 0.00
15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	5c. \$ 5d. \$ 16. \$ 7a. \$ 7b. \$ 5	.	125.00 0.00
15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	5d. \$ 16. \$ 7a. \$ 7b. \$	5 	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	16. \$ 7a. \$ 7b. \$.	0.00
Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	7a. \$		
Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	7a. \$		0.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	7b. S		
17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	7b. S	6	
17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		·	300.00
17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	7c. S	₿	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).			0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	7d. S	\$	0.00
addadiou irom your pay on mio o, concaute i, rour moome (ometai roim rooi).			0.00
Other payments you make to support others who do not live with you.	18. \$		0.00
	5		0.00
	19.		
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I:	<i>: You</i> 0а. §		0.00
			0.00
	0b. S	·	0.00
	0c. S	·	0.00
	0d. §	·	0.00
	0e. S	·	0.00
	21	*	300.00
Business ITOVI Tool Subscription		+\$	45.00
Business email marketing constant contact	+	+\$	45.00
Microsoft and Webinar tool	+	+\$	65.00
Weight Watchers	+	+\$	10.00
Business website	-	+\$	20.00
Business mailbox	+	+\$	5.00
Dog tags/dog food/veternarian services		+\$	320.00
	Γ		
Calculate your monthly expenses		c	0.000.00
22a. Add lines 4 through 21.		\$	3,080.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,080.00
Calculate your monthly net income	L		
Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	3a. S	1	4 227 70
, ,		·	4,337.78
23b. Copy your monthly expenses from line 22c above.	3b	.φ	3,080.00
23c. Subtract your monthly expenses from your monthly income.			
		\$	1,257.78
	3c.	Y	
The result is your <i>monthly net income</i> .	3c.	ν	
Do you expect an increase or decrease in your expenses within the year after you file to For example, do you expect to finish paying for your car loan within the year or do you expect your mortgate.	∟ this f	orm?	or decrease because of a
Do you expect an increase or decrease in your expenses within the year after you file to	∟ this f	orm?	or decrease because of a

Debtor 1	Juanita Lynn Mar	kham		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Jnited States Ba Case number	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
if known)				☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Di	d you pay or agree to pay someone who is NOT an attorney	to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
tha	der penalty of perjury, I declare that I have read the summary it they are true and correct.	
Х	/s/ Juanita Lynn Markham	X
	Juanita Lynn Markham Signature of Debtor 1	Signature of Debtor 2
	Date February 26, 2018	Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in	this inforn	nation to identify your	case:				
Debto	or 1	Juanita Lynn Ma					
Debto	ar 2	First Name	Middle Name		Last Name		
	e if, filing)	First Name	Middle Name		Last Name		
United	d States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	0		
Case	number						
(if know	n)					_	heck if this is an mended filing
		<u>rm 107</u>				_	
Stat	ement	of Financial A	Affairs for Indivi	iduals	s Filing for B	ankruptcy	4/16
						equally responsible for supp	
		iore space is needed, n). Answer every ques		this for	rm. On the top of any	y additional pages, write you	r name and case
Part 1	Give C	Netails About Your Ma	rital Status and Where Yo	u Lived	Refore		
		r current marital statu		u Liveu	Belote		
_	_		-				
	MarriedNot mar	ried					
2. D	uring the la	ast 3 years, have you	lived anywhere other thar	n where	you live now?		
	No						
	_	t all of the places you li	ved in the last 3 years. Do	not includ	de where you live now	<i>I</i> .	
[Debtor 1 Pr	ior Address:	Dates Debtor	1	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
						ity property state or territory	
ა <i>iaie</i> s _	and ternion	es include Anzona, Cai	iloitila, idalio, Lodisialia, iv	evaua, iv	iew Mexico, Fuelto K	ico, Texas, Washington and W	iscorisiii.)
	■ No ■ Yoo Mo	aka aura vau fill aut Sah	adula H. Vaur Cadabtara (Official E	orm 106U)		
	Tes. Ma	ike sure you iiii out Scri	edule H: Your Codebtors (C	Jiliciai F	om 106n).		
Part 2	Explai	n the Sources of You	Income				
Fi	ill in the tota	al amount of income you	aployment or from operation of the propertion of the properties of	l all busin	esses, including part-		dar years?
] No						
	-	in the details.					
			Debtor 1			Debtor 2	
			Sources of income	Gro	ss income	Sources of income	Gross income
			Check all that apply.	(befo	ore deductions and usions)	Check all that apply.	(before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips		\$5,538.48	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business			☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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Best Case Bankruptcy

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	(befo	ss income ore deductions and usions)	Sources of ir Check all that		Gross income (before deductions and exclusions)
	r last caler nuary 1 to	ndar year: December	31, 2017)	■ Wages, commissions, bonuses, tips		\$64,201.89	☐ Wages, co bonuses, tips	mmissions,	
				☐ Operating a business			☐ Operating	a business	
		dar year be December		■ Wages, commissions, bonuses, tips		\$58,666.00	☐ Wages, co bonuses, tips	mmissions,	
				☐ Operating a business			☐ Operating	a business	
				☐ Wages, commissions, bonuses, tips		\$-7,752.00	☐ Wages, co bonuses, tips	mmissions,	
				Operating a business			☐ Operating	a business	
Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, une and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.							d gambling and lottery		
				Debtor 1			Debtor 2		
				Sources of income Describe below.	each (befo	ss income from source ore deductions and usions)	Sources of ir Describe belo		Gross income (before deductions and exclusions)
Par	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for	Bankru	ptcy			
6.	Are eithe ☐ No.	Neither Deindividual puring the No.	ebtor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cre not include	s debts primarily consumer ebtor 2 has primarily consupersonal, family, or household re you filed for bankruptcy, distance creditor to whom you paieditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years	imer de ld purpo de ld you p ld a tota nts for de ltis bank	ebts. Consumer debose." ay any creditor a tol I of \$6,425* or more omestic support oble cruptcy case.	al of \$6,425* or m	ore? ayments and the	he total amount you and alimony. Also, do
	■ Yes.			r both have primarily consure you filed for bankruptcy, di			al of \$600 or more	∍?	
		■ No.	Go to line 7						
		□ _{Yes}	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.					
	Creditor	's Name and	d Address	Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	payment for

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Describe the action the creditor took

page 3

Amount

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Creditor Name and Address

Date action was

taken

Statement of Financial Affairs for Individuals Filing for Bankruptcy

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.									
	■ No □ Yes. Fill in the details.									
	Person Who Was Paid Address	Description and vatransferred	alue of any prop	perty	Date payment or transfer was made	Amount of payment				
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your businclude both outright transfers and transfers made include gifts and transfers that you have already limited.	iness or financial affa e as security (such as the	irs?							
	Yes. Fill in the details.									
	Person Who Received Transfer Address	Description and va property transferre		nny property or received or debts change	Date transfer was made					
	Person's relationship to you			•	3.					
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.									
	Name of trust	Description and va	ed	Date Transfer was						
				·		made				
Par	t 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Sto	rage Units						
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa	other financial accoun	ts; certificates	of deposit; sh						
	■ No □ Yes. Fill in the details.									
		ast 4 digits of ccount number	Type of accou instrument	clo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer				
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?									
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe the o	contents	Do you still have it?				
22.	Have you stored property in a storage unit or p	olace other than your	home within 1	year before yo	u filed for bankruptcy	/?				
	■ No □ Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it?		Describe the o	contents	Do you still have it?				
		Address (Number, St State and ZIP Code)	reet, City,							

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Pai	t 9: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty yo	ou borrowed from, are storing fo	r, or hold in trust				
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value				
Pai	t 10: Give Details About Environmental Inform	ation							
For	the purpose of Part 10, the following definitions	s apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun	_	•					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law,	whether you now own, operate,	or utilize it or used				
	Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or		s wa	ste, hazardous substance, toxic	substance,				
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n the	ey occurred.					
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e unc	ler or in violation of an environm	ental law?				
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironr	mental law? Include settlements	and orders.				
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case				
Pai	t 11: Give Details About Your Business or Cor	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of	the following connections to an	y business?				
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, eith	er full-time or part-time					
	☐ A member of a limited liability company	y (LLC) or limited liability partnersh	nip (L	LP)					
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	tive of a corporation							
	☐ An owner of at least 5% of the voting of	r equity securities of a corporation	ı						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

Fill in this information to identify your case:					
Debtor 1	Juanita Lynn Markham	1			
Debtor 2 (Spouse, if filing)					
United States B	Sankruptcy Court for the: N	orthern District of Ohio			
Case number (if known)					

A 11 : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
According to the calculations required by this Statement:								
1. Disposable income is not determined und 11 U.S.C. § 1325(b)(3).								
 2. Disposable income is determined under 1 U.S.C. § 1325(b)(3). 								
☐ 3. The commitment period is 3 years.								
■ 4. The commitment period is 5 years.								

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1:	Calculate Your Average Monthly Income							
1.	Wha	t is your marital and filing status? Check one o	nly.						
	■ N	ot married. Fill out Column A, lines 2-11.							
	□м	arried. Fill out both Columns A and B, lines 2-11.							
10 th	1(10A e 6 mo	ne average monthly income that you received from all a). For example, if you are filing on September 15, the 6-ronths, add the income for all 6 months and divide the tota own the same rental property, put the income from that	month perion	od would in the re	l be March 1 throusult. Do not includ	ıgh Aug de any i	just 31. If the amo	ount of your monthly incom ore than once. For examp	e varied during le, if both
						Colur Debto		Column B Debtor 2 or non-filing spouse	
2.		gross wages, salary, tips, bonuses, overtime, oll deductions).	and con	nmissi	ons (before all	\$	6,008.88	\$	
3.		ony and maintenance payments. Do not include mn B is filled in.	e paymen	nts from	a spouse if	\$	0.00	\$	
4.	of your from and r	mounts from any source which are regularly pour or your dependents, including child support an unmarried partner, members of your household roommates. Do not include payments from a spout isted on line 3.	t. Include d, your d	regulai epende	r contributions nts, parents,	\$	0.00	\$	
5.		ncome from operating a business, ession, or farm	Debtor 1						
	Gros	s receipts (before all deductions)	\$	0.00					
	Ordin	nary and necessary operating expenses	-\$	0.00					
	Net n	monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net i	ncome from rental and other real property	Debtor 1						
	Gros	s receipts (before all deductions)	\$	0.00					
	Ordir	nary and necessary operating expenses	- \$	0.00			0.00	•	
	Net n	nonthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

					Column A Debtor 1		Column B Debtor 2 o non-filing		
7.	Inter	est, dividends, and royalties			\$	0.00	\$		
8.	Unen	nployment compensation			\$	0.00	\$		
		ot enter the amount if you contend that the ocial Security Act. Instead, list it here:	e amount received was a benef	it under					
	Fo	r you	\$	00					
	Fo	r you r your spouse	\$						
		ion or retirement income. Do not include fit under the Social Security Act.	e any amount received that wa	s a	\$	0.00	\$		
	Do no receiv dome	ne from all other sources not listed about include any benefits received under the yed as a victim of a war crime, a crime againstic terrorism. If necessary, list other sour below.	Social Security Act or paymen ainst humanity, or international	ts or	C	0.00	C		
		-			»	0.00	\$		
					\$	0.00	\$		
		Total amounts from separate pages, if	any.	+	\$	0.00	\$		
11.		alate your total average monthly incom column. Then add the total for Column A		\$	6,008.88	+ \$ _		= \$	6,008.88
Part 12.		Determine How to Measure Your Ded						\$	6,008.88
		ulate the marital adjustment. Check one						-	
		You are not married. Fill in 0 below.							
		You are married and your spouse is filing	with you. Fill in 0 below.						
		You are married and your spouse is not fil	ing with you.						
		Fill in the amount of the income listed in lindependents, such as payment of the spou							
		Below, specify the basis for excluding this adjustments on a separate page.	income and the amount of inc	ome dev	voted to each	purpose	e. If necessary	, list addit	ional
		If this adjustment does not apply, enter 0 b	pelow.	\$					
				\$		_			
				+\$		_			
		Total		\$	0.00) Co	ppy here=>		0.00
14.	You	r current monthly income. Subtract line	e 13 from line 12.					\$	6,008.88
15.	Cal	culate your current monthly income for	the year. Follow these steps:						
	15a	. Copy line 14 here=>						\$	6,008.88
		Multiply line 15a by 12 (the number of n	nonths in a year).					X '	12
	15b	. The result is your current monthly incom	ne for the year for this part of the	ne form.				\$	72,106.56

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

16	Calculate the median family income that applies to y	ou. Follow these steps:		
	16a. Fill in the state in which you live.	ОН		
	16b. Fill in the number of people in your household.	1		
	16c. Fill in the median family income for your state and	size of household.	\$	47,582.00
	To find a list of applicable median income amounts instructions for this form. This list may also be avai		separate	
17	. How do the lines compare?	lable at the bankruptey clerk's office.		
	17a. Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N			
	17b. Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Disposable Income (Off		
Par	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Copy your total average monthly income from line 1	1	\$	6,008.88
19.	Deduct the marital adjustment if it applies. If you are contend that calculating the commitment period under 1 spouse's income, copy the amount from line 13.	1 U.S.C. § 1325(b)(4) allows you to deduce		
	19a. If the marital adjustment does not apply, fill in 0 on	line 19a.	-\$	0.00
	19b. Subtract line 19a from line 18.		\$_	6,008.88
20.	Calculate your current monthly income for the year.	Follow these steps:		
	20a. Copy line 19b		\$	6,008.88
	Multiply by 12 (the number of months in a year).			x 12
	20b. The result is your current monthly income for the year	ear for this part of the form	\$	72,106.56
	20c. Copy the median family income for your state and	size of household from line 16c	\$	47,582.00
	21. How do the lines compare?			
	Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the court, on the top of pag	e 1 of this form, check box 3	, The commitment
	■ Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	elless otherwise ordered by the court, on the	ne top of page 1 of this form,	check box 4, The
Par	4: Sign Below			
	By signing here, under penalty of perjury I declare that t	he information on this statement and in ar	ny attachments is true and co	orrect.
)	/ /s/ Juanita Lynn Markham			
	Juanita Lynn Markham Signature of Debtor 1			
	Date February 26, 2018			
	MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.			
	If you checked 17b, fill out Form 122C-2 and file it with t	this form. On line 39 of that form, copy you	ur current monthly income fro	om line 14 above.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

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Best Case Bankruptcy

Fill in f	his information to ic	entify your case:					
Debtor	1 Juanita Ly	nn Markham		-			
Debtor	2			_			
(Spous	e, if filing)						
United	States Bankruptcy Co	urt for the: Northern D	istrict of Ohio	_			
Case n				- Пск	ook if this is	s an amended	1 filing
(if knov	/n)				IECK II IIIIS IS	s an amenued	ı illirig
Official	Form 122C-2						
		ulation of Yo	ur Disposable	Income			04/10
	ut this form, you will tment Period (Officia		copy of Chapter 13 State	ment of Your Current Mon	thly Income	and Calculatio	on of
space i	s needed, attach a se		rm, Include the line numb	gether, both are equally re per to which additional info			
Part 1:	Calculate Your	Deductions from Your	Income				
the o	questions in lines 6-1		dards, go online using th	for certain expense amou e link specified in the sep			
expe	nses if they are highe	r than the standards. Do	not include any operating	xpense. In later parts of the fexpenses that you subtracte e's income in line 13 of Forr	d from incom		
If yo	ur expenses differ fron	n month to month, enter	the average expense.				
Note	: Line numbers 1-4 ar	e not used in this form. T	These numbers apply to info	ormation required by a simila	ar form used	in chapter 7 cas	ses.
5.	The number of peop	le used in determining	your deductions from in	come			
		y additional dependents		r federal income tax return, umber may be different from	1	1	
Nati	onal Standards	You must use the IR	RS National Standards to ar	nswer the questions in lines	6-7.		
6.		other items: Using the ollar amount for food, cl		red in line 5 and the IRS Nat	tional	\$	639.00
7.				entered in line 5 and the IR split into two categoriespe			

Chapter 13 Calculation of Your Disposable Income

people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are

higher than this IRS amount, you may deduct the additional amount on line 22.

page 1

7b. Number of	der 65 years of age						
7b. Number of							
	ket health care allowance per person	\$	49				
7. Cubtotal	people who are under 65	Χ	1				
/c. Subtotal.	Multiply line 7a by line 7b.	\$	49.00	Copy here=>	\$	49.00	
People who are 65	years of age or older						
7d. Out-of-poo	ket health care allowance per person	\$	117				
7e. Number of	people who are 65 or older	X	0				
7f. Subtotal. N	Multiply line 7d by line 7e.	\$	0.00	Copy here=>	\$	0.00	
7g. Total. Add	line 7c and line 7f		\$	49.00	Сор	y total here=>	\$\$
ocal Standards	You must use the IRS Local Standards	to answer the	guestions in lir	nes 8-15.			
Based on information	on from the IRS, the U.S. Trustee Pro		•		for hou	ısing for	
bankruptcy purpos	•						
_	ities - Insurance and operating exper	nses					
•	ities - Mortgage or rent expenses stions in lines 8-9, use the U.S. Truste	oo Brogram o	hart Ta find t	ho chart ac an	line uci	na tha link a	nacified in the
	ns for this form. This chart may also	•		, ,		ing the link s	pecinea in the
B. Housing and u	tilities - Insurance and operating expount listed for your county for insurance	enses: Using	the number of			ine 5, fill \$_	478.0
9. Housing and u	tilities - Mortgage or rent expenses:						
	number of people you entered in line 5, our county for mortgage or rent expense		r amount		\$	648.00	
9b. Total avera	age monthly payment for all mortgages	and other deb	ts secured by	your home.			
contractua	te the total average monthly payment, a Ily due to each secured creditor in the 6 otcy. Next divide by 60.						
Name of t	he creditor	Avera payme	ge monthly ent				
Superior	Federal Credit Union	\$	468.33				
Superior	Federal Credit Union 9b. Total average monthly payme		468.33 468.33	Copy here=>	\$	468.33	Repeat this amour on line 33a.
					\$	468.33	
9c. Net mortga	9b. Total average monthly payme	from line 9a (n	468.33		\$ 179.6	Сору	0 470.0

Explain why: _

Chapter 13 Calculation of Your Disposable Income

page 2

11.	Local transportation expenses: Check the number of vehic	les for which you claim a	an ownership or operating	g expense.				
	□ 0. Go to line 14.							
	■ 1. Go to line 12.							
	2 or more. Go to line 12.							
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for y							
13.	Vehicle ownership or lease expense: Using the IRS Local S You may not claim the expense if you do not make any loan of more than two vehicles.							
Ve	hicle 1 Describe Vehicle 1: 2017 Ford Focus Locati	ion: 360 Ertel Ave, L	ima OH 45801					
13a	Ownership or leasing costs using IRS Local Standard		\$ 485.00					
13b.	Average monthly payment for all debts secured by Vehicle 1.							
	Do not include costs for leased vehicles.							
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60.		t					
	Name of each creditor for Vehicle 1	Average monthly payment						
	Regional Acceptance Corporation	\$\$						
	Total Average Monthly Payment	\$	Copy here => -\$	Repeat this amount on line 33b.				
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0,	enter \$0	\$185.00	Copy net Vehicle 1 expense here => \$ 185.00				
Ve	hicle 2 Describe Vehicle 2:			_				
13d.	Ownership or leasing costs using IRS Local Standard							
13e	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for						
	Name of each creditor for Vehicle 2	Average monthly payment						
		\$						
	Total average monthly payment	\$	Copy here => -\$ 0.0	Repeat this amount on line 33c.				
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0,	enter \$0	\$0.00	Copy net Vehicle 2 expense here => \$ 0.00				
14.	Public transportation expense: If you claimed 0 vehicles in Public Transportation expense allowance regardless of w			n the \$ 0.00				
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in who not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap						
	<u></u>							

Chapter 13 Calculation of Your Disposable Income

page 3

Oth	er Neces		n addition to the expense of the following IRS categories		listed above,	you are allowed your monthly expenses	s for	
16.	self-em your pa and sub	ployment taxes, socia y for these taxes. Hov	al security taxes, and Medic wever, if you expect to rece m the total monthly amount	care taxes. eive a tax r	You may incefund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from ust divide the expected refund by 12 for taxes.	\$	0.00
17		•	•	uatiana tha	st value lab ear	guires quals as retirement	· —	
17.		itions, union dues, an	e total monthly payroll ded d uniform costs.	uctions tha	at your job red	quires, such as retirement		
		· ·		b, such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.							0.00
19.	 Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 							0.00
20			-				\$	
20.			y amount that you pay for e	education t	nat is either r	equirea:		
		condition for your job					c	0.00
						ation is available for similar services.	\$	0.00
21.		•	amount that you pay for c any elementary or seconda			itting, daycare, nursery, and preschool.	\$	0.00
22.	Addition that is reby a hear	c	0.00					
	-		ce or health savings accoun		-		\$	0.00
23.	for you phone sincome. Do not i expense	+\$	0.00					
24.		of the expenses alloes 6 through 23.	owed under the IRS expe	nse allow	ances.		\$	1,733.67
Add		Expense Deductions	These are additional d					
25.	insuran					ses. The monthly expenses for health ly necessary for yourself, your spouse, c	or	
	Health i	insurance		\$	0.00			
	Disabili	ty insurance		\$	0.00			
	Health	savings account	-	\$	0.00	_		
	Total			\$	0.00	Copy total here=>	\$	0.00
	Do you	actually spend this to	ital amount?	L		_		
		No. How much do you						
	_	Yes		\$				
26.	Continuo continuo your ho	ued contributions to e to pay for the reaso usehold or member o	nable and necessary care	r family m and suppo	rt of an elder e to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b)	\$	0.00
27.						nses that you incur to maintain the		
	safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. \$						\$	0.00

Debtor 1	Juanita Lynn Markham	Ca	se number (if k	known)				
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance	e and oper	ating	expense	es on		
	If you believe that you have home energy of 8, then fill in the excess amount of home er	costs that are more than the home energy cosnergy costs	sts included	d in ex	penses	on line	Э	
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must ary.	show that t	the ad	Iditional		\$	0.00
		dren who are younger than 18. The monthly ependent children who are younger than 18 y						
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must not already accounted for in lines 6-23.	explain wh	y the	amount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or a	after the dat	e of a	djustme	nt.	\$	0.00
		the monthly amount by which your actual food g allowances in the IRS National Standards s in the IRS National Standards.						
		ional allowance, go online using the link specso be available at the bankruptcy clerk's offic		sepa	rate			
	You must show that the additional amount	claimed is reasonable and necessary.					\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organizations.	e amount that you will continue to contribute in anization. 11 U.S.C. § 548(d)(3) and (4).	in the form	of cas	sh or fina	ancial		
	Do not include any amount more than 15%	of your gross monthly income.					\$	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	tions.					\$_	0.00
Ded	uctions for Debt Payment							
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home 33a through 33e.	mortgage	s, vel	nicle			
Т		ent, add all amounts that are contractually do	ue to each s	secur	ed			
	Mortgages on your home							age monthly
33a.	Copy line 9b here					=>	paym \$	468.33
	Loans on your first two vehicles						-	400.00
33b.	Canadina 42h hana					=>	\$	300.00
33c.						=>	* \$	225.00
							Ψ	223.00
33d. Nam	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt		incl	es paym ude taxe nsuranc	es		
					No			
	Capital One	Revolving charge			Yes		\$	44.17
							Ψ	
					No			
					Yes		\$	
					No			
					Yes		+\$	
						٦		
							II.	

Chapter 13 Calculation of Your Disposable Income

page 5

are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims Solution of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense Copy total here=> \$ Total Deductions from Income										
■ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Name of the creditor Identify property that secures the debt						,				
Superior Federal Credit Union Allen County Superior Federal Credit Union Superior	□ No.	Go to line 35.		·	•					
Superior Federal Credit Union Allen County \$ 900.00 ÷ 60 = \$ \$ ÷ 60 = \$ Total \$ 15.00 \$ Total \$ 15.00 \$ Total \$ 15.00 \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ 60 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		State any amount that you listed in line 33, to keep po	ossession of your property							
Superior Federal Credit Union 360 Ertel Avenue Lima, OH 45801 Allen County \$ 900.00 ÷ 60 = \$ \$ ÷ 60 = \$ \$ \$ ÷ 60 = \$ \$ \$ 60 = \$ \$ \$ 60 = \$ \$ \$ \$ 60 = \$ \$ \$ \$ 60 = \$ \$ \$ \$ \$ 60 = \$ \$ \$ \$ \$ 60 = \$ \$ \$ \$ \$ \$ 60 = \$ \$ \$ \$ \$ \$ 60 = \$ \$ \$ \$ \$ \$ \$ 60 = \$ \$ \$ \$ \$ \$ \$ \$ 60 = \$ \$ \$ \$ \$ \$ \$ \$ \$ 60 = \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Name of the	creditor	Identify property that se	cures the deb	t	Total	cure amount			
Superior Federal Credit Union Allen County \$ \$, 60 = \$			360 Ertel Avenue L	ima. OH 45	801			а	mount	
Total Total \$	Superior F	Federal Credit Union		•	\$					15.00
Total To										
\$ 15.00 total here=> \$ \$ 5. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filling date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$ 0.00 ÷ 60 \$ \$ 5. Projected monthly Chapter 13 plan payment \$ \$ 0.00 ÷ 60 \$ \$ 5. Projected monthly Chapter 13 plan payment \$ \$ \$ 0.00 * \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					Ψ					
are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims S. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go noline using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 7. Add all of the deductions for debt payment. Add lines 33e through 36. Stal Deductions from Income 3. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances Copy line 32, All of the additional expense deductions \$ 1,733.67 Copy line 32, All of the additional expense deductions \$ 0.00					Total	\$	15.00	total	\$_	15.0
ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$ 0.00 ÷ 60 \$ 5. Projected monthly Chapter 13 plan payment \$ Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense \$ T. Add all of the deductions for debt payment. Add lines 33e through 36. Sotal Deductions from Income 3. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances \$ 1,733.67 Copy line 32, All of the additional expense deductions \$ 0.00	are past	due as of the filing date of Go to line 36.	f your bankruptcy case	? 11 U.S.C. §	507.	at				
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense To Add all of the deductions for debt payment. Add lines 33e through 36. Stall Deductions from Income Solution Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances Copy line 32, All of the additional expense deductions \$ 1,733.67 Copy line 32, All of the additional expense deductions \$ 0.000	☐ Yes.				ie current or					
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense T. Add all of the deductions for debt payment. Add lines 33e through 36. Stal Deductions from Income S. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances Copy line 32, All of the additional expense deductions \$ 0.00		Total amount of all past-	due priority claims			\$	0.00	÷ 60	\$	0.0
Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 7. Add all of the deductions for debt payment. Add lines 33e through 36. Stal Deductions from Income 3. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances Copy line 32, All of the additional expense deductions \$ 1,733.67 Copy line 32, All of the additional expense deductions \$ 0.00	6. Projected					\$		_		
Average monthly administrative expense S. Add all of the deductions for debt payment. Add lines 33e through 36. Stal Deductions from Income B. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances Copy line 32, All of the additional expense deductions \$ 0.00	Office of the Executor To find a list	the United States Courts (foutive Office for United State state of district multipliers that inclinate the control of the cont	or districts in Alabama and s Trustees (for all other d udes your district, go online u	Y North Caroli istricts). sing the link sp	na) or by	x		7 0		
Add lines 33e through 36. Cotal Deductions from Income 3. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances \$ 1,733.67 Copy line 32, All of the additional expense deductions \$ 0.00	Average i	monthly administrative expe	ense			\$_				
Add lines 33e through 36. otal Deductions from Income 8. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances Copy line 32, All of the additional expense deductions \$ 0.00								_		
8. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances \$ 1,733.67 Copy line 32, All of the additional expense deductions \$ 0.00			t payment.						\$	1,052.50
Copy line 24, All of the expenses allowed under IRS expense allowances \$ 1,733.67 Copy line 32, All of the additional expense deductions \$ 0.00	otal Deduct	tions from Income								
expense allowances \$ 1,733.67 Copy line 32, All of the additional expense deductions \$ 0.00	B. Add all o	of the allowed deductions.								
Copy line 32, All of the additional expense deductions \$ 0.00				\$	1,733.67					
Copy line 37, All of the deductions for debt payment +\$ 1,052.50	Copy lin	ne 32, All of the additional e	xpense deductions	\$	0.00					
					1,052.50	_				
Total deductions\$ 2,786.17 Copy total here=> \$	Total de	eductions		\$	2.786.17	C	ony total here=	_	\$	2.786.1

art 2	De	termine You	r Disposable Income Under 11 U	I.S.C. § 132	25(b))(2)				
			ent monthly income from line 14 Current Monthly Income and Cald				ł		\$	6,008.88
	40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.							\$0	.00	
	41. Fill in all qualified retirement deductions. The monthly total of all amounts that employer withheld from wages as contributions for qualified retirement plans, as s in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans specified in 11 U.S.C. § 362(b)(19).							\$ 0	.00	
42.	Total of	all deduction	ns allowed under 11 U.S.C. § 707	7(b)(2)(A). (Copy	line 38 here	=>	\$ 2,786	.17	
	expense their exp	s and you ha enses. You n	al circumstances. If special circur ve no reasonable alternative, desc nust give your case trustee a detai ocumentation for the expenses.	ribe the sp	eciál	circumstances a	ind			
Des	cribe th	e special cir	cumstances			Amount of exp	ens	se		
						\$				
					_	* \$				
					_	·				
						\$				
				Total	\$_	0.00		Copy here=>\$	0.00	
44.	Total ad	justments. A	Add lines 40 through 43.			=>	\$_	2,786.17	Copy here=> -\$	2,786.17
45.	Calculat	e your mont	hly disposable income under §	1325(b)(2).	Sub	tract line 44 from	line	e 39.	\$	3,222.71
Part 3	Ch	ange in Inco	ome or Expenses							
	have cha time you you filed	anged or are re r	r expenses. If the income in Form virtually certain to change after the open, fill in the information below., check 122C-1 in the first column, n when the increase occurred, and	date you fi For examp enter line 2	iled y ble, it 2 in t	your bankruptcy point the wages reported the wages reported to the condition of the conditi	etit ted n, e	ion and during the increased after		
For	m	Line	Reason for change			Date of chang	je	Increase or decrease?	Amount of	change
	122C-1 122C-2 122C-1 122C-2 122C-1							☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease ☐ Increase	\$ 	
	122C-2							Decrease	\$	
	122C-1 122C-2					_		☐ Increase☐ Decrease	\$	

Chapter 13 Calculation of Your Disposable Income

page 7

Debtor 1 Juanita Lynn	Markham
-----------------------	---------

Case number (if known)

Part 4:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Juanita Lynn Markham

Juanita Lynn Markham Signature of Debtor 1

Date February 26, 2018

MM / DD / YYYY

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2017 to 01/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Doterra**

Income by Month:

6 Months Ago:	08/2017	\$154.04
5 Months Ago:	09/2017	\$484.04
4 Months Ago:	10/2017	\$498.67
3 Months Ago:	11/2017	\$748.60
2 Months Ago:	12/2017	\$477.65
Last Month:	01/2018	\$459.37
	Average per month:	\$470.40

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Mgt. Council of the OECN

Income by Month:

6 Months Ago:	08/2017	\$5,538.48
5 Months Ago:	09/2017	\$5,538.48
4 Months Ago:	10/2017	\$5,538.48
3 Months Ago:	11/2017	\$5,538.48
2 Months Ago:	12/2017	\$5,538.48
Last Month:	01/2018	\$5,538.48
	Average per month:	\$5,538.48

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation	
\$24	45	filing fee	
\$7	75	administrative fee	
+ \$	15	trustee surcharge	
\$33	35	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Northern District of Ohio

In r	e Juanita Lynn Markha	am		Case No.		
			Debtor(s)	Chapter	13	
	DISCLOS	SURE OF COMPENSA	ATION OF ATTORNI	EY FOR DE	CBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I hav	re agreed to accept		\$	2,775.00	
	Prior to the filing of this	s statement I have received		\$	1,325.00	
	Balance Due			\$	1,450.00	
2.	\$ 310.00 of the filing fe	ee has been paid.				
3.	The source of the compensat	ion paid to me was:				
	■ Debtor □ (Other (specify):				
4.	The source of compensation	to be paid to me is:				
	■ Debtor □ (Other (specify):				
5.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm					
		e above-disclosed compensation ogether with a list of the names o				
6.	In return for the above-discle	osed fee, I have agreed to render	legal service for all aspects of	the bankruptcy c	ase, including:	
	 b. Preparation and filing of c. Representation of the deb d. [Other provisions as need All services, exceptions and services and services are services and services are services.] 	inancial situation, and rendering a any petition, schedules, statement of tor at the meeting of creditors an ided] ept those identified in paragotcy objectives including but	t of affairs and plan which may d confirmation hearing, and an graph 7 below, that are rea	be required; y adjourned hear	rings thereof;	
	counseling agen (2) Preparation a (3) Representatio (4) Amend any list necessary or app (5) Prepare and f a lien on exempt (6) Attend confirm (7) Negotiate value (8) Compile and (9) Removal of g (10) Negotiate, p (11) Consult with automatic stay; (12) File the debt (Official Form 42 (13) Timely revie (14) Oversee the (15) Represent the	ile any motion as may be ne property, to obtain credit, to mation hearings; uation of secured claims and forward to the trustee and the arnishments or wage assign repare and file reaffirmation on the debtor and if there is a tor's certification of complet	enseling; ed forms; meeting; l/or other document requirecessary or appropriate incosell or abandon property d/or present evidence theme United States trustee and ments; agreements; valid defense or explanation of instructional course and object to and file proof in chapter 13 and any read motions for dismissal or	red to be filed of cluding but now, and to assurate on at confirming documents from, respond to a concerning from sof claim as a quired in charconversion; a	with the petition as may be at limited to a motion to avoid me or reject a lease; mation hearing; and information requested; o a motion for relief from the inancial management appropriate; oter 13; nd	

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Notwithstanding any agreement to the contrary, supplemental fees may only be awarded by the court if, after performing a review of Firm's detailed accounting, the court determines that additional fees are warranted. The

In re	Juanita Lynn Markham	Case No.	
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

court may be more likely to award additional fees for extraordinary additional work such as Firm's work on dischargeability actions, adversary proceedings and heavily litigated matters that are not listed in Paragraph 6 above. Client may contest any fee that Firm petitions the Court to award.

	CERTIFICATION				
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in is bankruptcy proceeding.					
February 26, 2018	/s/ Farley Banks				
Date	Farley Banks 0065011				
	Signature of Attorney				
	Allen Chern Law LLC				
	311 E Market St				
	Suite 201				
	Lima, OH 45806				
	419-222-9933				
	fkbanks@surge.net				
	Name of law firm				

United States Bankruptcy Court Northern District of Ohio

In re	Juanita Lynn Markham						
		Debtor(s)	Chapter	13			
	VERIFICATION OF CREDITOR MATRIX						
The ab	ove-named Debtor hereby verifies th	nat the attached list of creditors is true and corr	rect to the best	of his/her knowledge.			
Date:	February 26, 2018	/s/ Juanita Lynn Markham					
		Juanita Lynn Markham					
		Signature of Debtor					

Andrew Schreiber 471 East Broad Street 12th Floor Columbus, OH 43215

Capital One Post Office Box 30281 Salt Lake City, UT 84130

Citi Cards CBNA Post Office Box 6241 Sioux Falls, SD 57117

Citicards Post Office Box 6241 Sioux Falls, SD 57117

CSS Collections Post Office Box 21504 Roanoke, VA 24018

First Premier 3820 North Louise Avenue Sioux Falls, SD 57107

Green Valley Cash Post Office Box 615 Hays, MT 59527

Keybridge Medical Post Office Box 1568 Lima, OH 45802-1568

Lima Superior Federal Credit Union Post Office Box 1110 Lima, OH 45802

Lyons, Doughty & Veldhus 471 East Broad Street, 12th Floor Columbus, OH 43215

Mariner Finance 8211 Town Center Drive Baltimore, MD 21236 Metz Petz Vet Clinic 3750 Shawnee Road Lima, OH 45806

Mid-America Bank & Trust 216 West Second Street Dixon, MO 65459-8048

Midland Credit Management 2365 Northside Drive Suite 300 San Diego, CA 92108

Modern Health & Wellness 2425 Allentown Road Lima, OH 45801

Northstar Finance, LLc Post Office Box 498 Hays, MT 59527

Ohio Acceptance 750 North Orleans Chicago, IL 60654

One Main Financial Post Office Box 1010 Evansville, IN 47706

Portfolio Recovery Associates Riverside Commerce Center 120 Corporate Blvd. Ste. 100 Norfolk, VA 23502

Rapital Capital Post Office Box 1469 Kahnawake, Quebec

Regional Acceptance Corporation 1424 East Firetower Road Greenville, NC 27858

Speedy Cash 3527 North Ridge Road Wichita, KS 67205 Superior Federal Credit Union Post Office Box 1110 Lima, OH 45802

VBS Cash City 1201 Bubby Drive Austin, TX 78756